

911 AUDIO RECORDING REQUEST

Date of Request: _____

Requested by: (PRINT) _____

Date & Approximate
Time of Incident: _____

Chelsea Police Department
Incident/Arrest/Accident #: _____

Name of
Defendant/Victim/Suspect: _____

Reason for Request: ☐ ADA ☐ Public or Private Attorney (motion must be attached)
☐ Police Investigation: _____

NOTE: All requests for non-criminal cases, and requests for non-indigent clients in a criminal case require a \$35.00 fee.

Chelsea Police Department use ONLY

Date Received: _____ Approved / Denied by: _____
(Chief of Police or Administrative Captain)

CPD Tape Number: _____

Date Sent to EOC: _____ Date Sent to Court/Notified Requester: _____

Requester contact number: _____ Date picked up by Requester: _____

EOC use ONLY

Dispatcher/Call Taker: _____

Remarks: _____

Date Received: _____ Date Recording Made: _____

Date returned to CPD: _____ Date Unable to Locate: _____

Name of Person supplying information: _____